



**Formstack Submission For: 2022 Compassionate Champion Award
Nomination Form**

Submitted at 04/29/22 3:55 PM

Name of Individual(s) or Organization Being Nominated:	Beebe Healthcare
Address:	[Redacted]
Phone:	[Redacted]
Organization Main Contact (if applicable):	[Redacted]
Email:	[Redacted]
Your Name:	[Redacted]
Your Address:	[Redacted]
Your Phone:	[Redacted]
Your Title and Organization (if applicable):	[Redacted]

Your Email:



Category:

Health Care

Other:

1. Describe how the nominee(s) satisfy the level(s) of the Developmental Framework for Trauma-Informed Care (Framework): Level 1 - Trauma-Aware, Level 2 - Trauma-Sensitive, Level 3 - Trauma-Responsive, Level 4 - Trauma-Informed.:

Beebe Healthcare has committed to becoming a Trauma-Informed healthcare system. In November of 2020, it launched the first phase of its multi-phase, multi-year journey, one that aligns with Delaware’s Developmental Framework for Trauma-Informed Care. Mirroring the Continuum of Change from the Missouri Model, this first phase has been focused on becoming Trauma-Aware. Through the sponsorship and subsequent screening of an Emmy-nominated documentary “Is Your Story Making You Sick?”, Beebe Healthcare launched its awareness campaign around trauma, toxic stress, adverse experiences and the potential effects they can have on our mental, emotional, and physical wellbeing. During the two-week screening event, local mental and behavioral health practitioners were offered the opportunity to participate in a CEU-based mindfulness training offered by Dr. Mark Pirtle, subject matter expert and co-producer of the film. Additionally, all providers, Beebe team members, and community members at-large were invited to a robust panel discussion with mental and behavioral health specialists who serve our communities: Dr. Julius Mullen, Natasha Mullen, LPCMH, Catrina Stiller, LPCMH, offering their knowledge and expertise on the topic of trauma, stress, and wellbeing. As a sponsor of this film, Beebe Healthcare can share, in perpetuity, this film and corresponding toolkit containing a film discussion guide and interviews with subject matter experts such as Drs. Gabor Mate and Ellen Langer.

In this first phase, the Trauma-Informed Committee recruited 60+ colleagues who were intrinsically motivated to become Trauma-Informed Guides. These Guides received special training and were equipped with a robust toolkit to act as a role model and resources for their departments and beyond. They also played an active role in the 2nd educational component of this first phase. An internal awareness campaign and a communications strategy were designed and implemented through each available channel within the organization.

Knowing that the success of this journey relied on hardwiring the organizational change across all service lines and satellites, the mandatory education module, created in partnership with Dr. Deb Berke from Wilmington University, on trauma, toxic stress, ACEs, and the impact on an individual’s health was assigned to all 2600+ team members in November 2021.

All these elements combined have initiated a paradigm shift in knowledge and perspective, as evidenced by the evaluation surveys and feedback offered. This is a shift that takes the individual and the organization as a whole from the mindset of “what’s wrong with you?” to “what’s happened to you?”. Staff have learned the definition of trauma and its impact on individuals. Through the feedback on the education evaluations, the internal process of becoming aware of personal trauma and adversity is evident. Key takeaways shared have indicated recognition of attitudes and perceptions that may be trauma-influenced and that this new knowledge about the impact of trauma has changed the way they see and interact with patients, visitors, coworkers, and themselves.

Through the organizational-wide education, all staff were trained on the basics of trauma and had the opportunity to develop an understanding of the values and terminology of trauma-informed care through the trauma aware lens. Leadership also demonstrated that comprehending and responding to trauma is essential given our mission, values, and an essential need to thrive given the current post-pandemic landscape.

In this first year and phase, education included a mandatory, 45-minute, articulated slide deck developed by Dr. Deb Berke that was assigned to all 2600+ team members via our learning management system. All levels and departments of the organization received this educational assignment, from clinical to non-clinical, recent hires to Executive Staff, and everyone in between. The second component of this first year’s education included an educational module with instructions to watch Dr. Nadine Burke Harris’ TED talk and self-enroll in a live virtual 30-minute discussion session. This session was facilitated by one or two Guides, depending on enrollment numbers, and given structure via a slide deck created by Dr. Deb Berke. The aim was to share available wellbeing-related resources, create a sense of safety within the group, and stimulate a conversation around key takeaways through posing thought-provoking questions.

In adherence to the six guiding trauma-informed principles and ensuring we did no harm; we made the decision to make this second part an optional assignment upon our discovery of two team members being triggered by the video. As an additional trauma-informed practice, we embedded the transcript of the TED talk into the assignment for any team member wanting the information without the experience of watching what is a very passionately delivered and significant TED talk.

2. Describe the range and scope of activities conducted by the nominee(s) that supports the level. :

Important to note, is that healthcare poses unique challenges and considerations in becoming trauma informed being that, at its core of clinical care, the focus is on what's wrong with a patient. And that question is of great importance as it drives assessment, plan of care, treatment, and subsequent interventions that ideally and ultimately improve outcomes. However, the opportunity lies within our organization's ability at every level and point of patient engagement, to widen the lens when that question is being asked, to incorporate the values and terminology of a trauma-informed approach to care.

Onboarding as our new President and Chief Executive Officer at the very beginning of the COVID-19 pandemic in March 2020, Dr. David Tam very quickly and effectively demonstrated an authentic style of leadership. The level of support for this initiative was further reinforced by the Executive Staff, some of whom signed up to be trained as Trauma-Informed Guides. Such engagement by the Executive Staff underscored the organizational benefits of bringing this education forward and their commitment to the wellbeing of all team members, especially as we were still moving through the pandemic.

As of 3/31/22, over 2600 staff at Beebe Healthcare have participated in trauma-informed training initiatives.

As of 3/15/22 638 individuals had opted to participate in part 2 of the two-part trauma-informed training initiative.

As of 3/15/22 60 individuals were trained to serve as guides and mentors for the trauma-informed initiative.

Indirectly, all patients and their families served over the past 4 months were impacted by the trauma-informed initiative.

Wilmington University implemented a 2-phase trauma-informed training for all Beebe Healthcare staff based on the Developmental Framework (Berke & Plaza, 2021). The first phase was required for all Beebe staff; the second phase was optional. Data collected for the phase 1 training asked about knowledge and attitudes changes pre/post training + several open-ended questions. We also asked the identical open-ended questions after the phase 2 optional training. These were: "Name 2 'aha' or lightbulb moments you had during the training. Explain what was significant for you." and "Describe at least one way you will apply the trauma-informed approach in your work in the next month." After participating in the phase 1 TI training, there was an increase in trauma-informed knowledge or change in attitudes after the training for every learning outcome. When asked for "a ha" or lightbulb moments participants had during the mandatory training, the most common responses included learning how to be more sensitive to trauma responses in others (both patients and staff members), learning about the effects of trauma, learned more about stress, anxiety,

3. Describe the impact of trauma awareness on the individual nominee, or staff within the organizational nominee and the benefit to those that they serve. :

burnout, secondary trauma, and compassion fatigue, and learning about self-care. Those who participated in the optional phase 2 training said their “a ha” moments included lifelong impact of trauma as an “aha” moment, the prevalence of trauma as an “aha” moment, and the importance of a TI response (or elements of such a response). When asked to describe at least one way participants will apply the TI approach in the next month, the most common responses included being more trauma aware while interacting with others (n=374), listening more to others, responding with sensitivity, and using TI language/approach. The most common responses to the optional training were similar: be “more sensitive/understanding,” “listen more,” and increase “awareness/open mind.”

We believe these data points and excerpts from the evaluations fully highlight the level of engagement, as well as the impact, this first phase of education has had on individuals within our organization. Our Guides are positioned as resources across the enterprise.

In Beebe Healthcare’s commitment to becoming a Trauma-Informed healthcare system, we are unceasingly focused on creating respectful, sensitive, and culturally competent environments. As we move through the framework, we will strive to sustain our partnership with Dr. Deb Berke of Wilmington University and Trauma Matters Delaware. In concert, research on evidence-based trauma-informed approaches to care as well as best practices when it comes to addressing the physical, mental, and emotional effects associated with trauma will be ongoing.

4. Describe the nominee(s) plans for progressing through the framework. If the nominee is identified as Trauma-Informed, what are their plans to monitor the continued attainment of this level of care? :

In our 2nd phase and year, we will continue to prioritize the paradigm shift and reinforce the need to incorporate and apply the trauma lens we developed in phase one. One important next step is to do an organizational assessment where we do a systematic evaluation of our current practices and policies and prioritize change within and across departments. We will then begin to develop policies that are relevant to departments and areas where this knowledge and skillset will offer benefit to the recipient, whether it be a patient, family member, and/or coworker. Our communications strategy will expand to channels that include visibility for patients and families. In phase one, we received numerous requests for ongoing resources for further development of knowledge and awareness. We will continue to meet those requests with connection to additional resources.

As the pandemic has subsided for the present time, members of Executive Staff and others have identified the need for mental health support for team members, including those who have experienced secondary and vicarious trauma through their interactions with COVID patients and their loved ones. We are actively pursuing possibilities and

meeting with vendors who can provide the level of support that is needed to our team members. An ad-hoc committee has formed in order to determine the most appropriate vendor and communication strategy that will bring this resource and others forward to team members across the organization. Forward movement in this area further aligns with our Trauma-Informed Care initiative as it speaks volumes for the organization's commitment to care for TeamBeebe from a mental and physical health perspective and correlates to Empowerment, Voice, & Choice, Peer Support, Safety, Transparency & Trustworthiness, as well as enhancing our shared decision making processes and our Cultural, Historical, and Gender Sensitivity.

OPTIONAL VIDEO: Submit a 2 minute video describing why you or the person or organization you are nominating is a compassionate champion. This is not a requirement to complete the application. Submit a video by pasting a Dropbox, GoogleDrive, YouTube, or other video sharing platform link in the box below. :

<https://www.dropbox.com/s/2jwxhgxfop6fonf/CompassionateChampion.mov?dl=0>

Supplemental Material:

Copyright © 2022 Formstack, LLC. All rights reserved. This is a customer service email.

Formstack, 11671 Lantern Road, Suite 300, Fishers, IN 46038